

Application Data Sheet**Application Information**

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	TRANSFER SYSTEM AND METHOD FOR TRANSFERRING A CRYOGENIC FLUID FROM AN ONSHORE UNIT TO A SHIP BY MEANS OF A BUOY COMPRISING A REEL FOR A FLEXIBLE HOSE AND WHICH LEVEL IN THE WATER CAN BE CHANGED
Attorney Docket Number::	2001-1447
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	8
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No

Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: MONACO  
Status:: Full Capacity  
Given Name:: LEENDERT  
Middle Name::  
Family Name:: POLDERVAART  
Name Suffix::  
City of Residence:: MONACO  
State or Province of  
Residence::  
Country of Residence:: MONACO  
Street of Mailing 2, IMPASSE DU CASTELLERETTO  
Address::  
City of Mailing Address:: MONACO  
State or Province of Mailing Address::  
Country of Mailing Address:: MONACO  
Postal or Zip Code of Mailing Address:: MC-98000

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: HEIN  
Middle Name::  
Family Name:: WILLE  
Name Suffix::  
City of Residence:: EZE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 9 RUE MONTEE ST. MICHEL

Address::

City of Mailing Address:: EZE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-06360

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: HEIN

Middle Name::

Family Name:: OOMEN

Name Suffix::

City of Residence:: NICE

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 14 RUE ROSSINI

Address::

City of Mailing Address:: NICE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-06000

**Correspondence Information**

Correspondence Customer 00466

Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/NL2004/000875	12/16/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
EUROPE	03079118.0	12/18/03	Yes

**Assignment Information**

Assignee Name:: SINGLE BUOY MOORINGS INC.  
Street of Mailing 24 AVENUE DE FONTVIEILLE  
Address::  
City of Mailing Address:: MONACO CEDEX  
State or Province of Mailing Address::  
Country of Mailing Address:: MONACO  
Postal or Zip Code of Mailing Address:: MC-98007